

# CITY OF SEAT PLEASANT

## Business License Application

6301 Addison Road • Seat Pleasant, Maryland 20743-2125 • (301) 336-2600 • Fax (301) 336-0029

**BUSINESS LICENSE FEE: \$200.00**

*A City of Excellence*

**PRINT OR TYPE • COMPLETE ALL SECTIONS FRONT AND BACK OF FORM**

**TYPE OF BUSINESS:** ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Other \_\_\_\_\_  
Is this a non-profit organization? ☐ Yes ☐ No (Non-profit organizations are required to be licensed.)

**NATURE OF BUSINESS:** Check all that apply.

☐ Manufacturing ☐ Printing & Publishing ☐ Wholesale ☐ Retail ☐ Service ☐ Transportation  
☐ Other \_\_\_\_\_

**DESCRIBE THE PRINCIPAL PRODUCT(S) OR SERVICE(S) RENDERED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL NAME:** \_\_\_\_\_  
(If a sole proprietorship, please list your legal name, last name first, including middle initial.)

**TRADE/DBA (doing business as) NAME:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**BUSINESS FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**WEB:** \_\_\_\_\_

**EMERGENCY AFTER-HOURS CONTACT(S) [AT LEAST ONE CONTACT REQUIRED]:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FEDERAL EMPLOYER ID NUMBER:** ID# \_\_\_\_\_

**MD EMPLOYER ID NUMBER:** ID# \_\_\_\_\_

**MD CONTRACTOR NUMBER:** ID# \_\_\_\_\_

**PRINCE GEORGE'S COUNTY CERTIFICATION(S):**

**CERTIFICATE OF OCCUPANCY:** Certificate #: \_\_\_\_\_

**HEALTH PERMIT:** Permit #: \_\_\_\_\_

**LIQUOR LICENSE:** License #: \_\_\_\_\_

**NAME(S) OF SOLE PROPRIETOR, PARTNERS, CORPORATE OFFICERS, OR RESIDENT AGENT:** List true name(s), address, telephone number and date of birth for the sole proprietor, partners or corporate officers/directors and their titles (attach a separate sheet, if needed.)

NAME AND TITLE	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE	BIRTHDATE

# CITY OF SEAT PLEASANT – BUSINESS LICENSE APPLICATION (CONT'D)

Approximate date business opened at this address: \_\_\_\_\_

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Property Owner Telephone Number \_\_\_\_\_

Property Owner Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## A SIGNATURE IS REQUIRED TO PROCESS THIS APPLICATION

PLEASE NOTE: Submittal of this application does not indicate approval of your business license. You will be notified when your application has been approved. OPERATING A BUSINESS WITHOUT A CITY BUSINESS LICENSE IS A VIOLATION OF CITY LAW.

I hereby attest that I have not been convicted of a crime which relates directly to the business for which this registration is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Maryland Consumer Protection Act or similar state or federal statutes, or had any other judgment or cease and desist order or consent decree relative to business activities. I further attest the information provided on this application is true and accurate. I understand my place of business must comply with all City of Seat Pleasant codes and ordinances and the business license application fee is non-refundable.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

PRINT OR TYPE NAME \_\_\_\_\_

TITLE \_\_\_\_\_

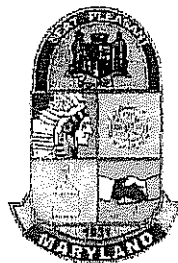
**BUSINESS LICENSE APPLICATION AND FEE MUST BE POSTMARKED BY DECEMBER 31<sup>ST</sup> TO AVOID PENALTIES**

Pursuant to Seat Pleasant City Code §107-17, failure to submit timely application for a business license shall be punishable by a fine of \$100.00, plus an additional fine of \$50.00 PER DAY for each day a violation exists.

Please make check payable to:  
City of Seat Pleasant

Mailing Address:  
City of Seat Pleasant  
ATTN: Finance Office  
6301 Addison Road  
Seat Pleasant MD 20743-2125

The business license will be mailed to the local business address upon approval of application.



*A City of Excellence*

### OFFICIAL USE ONLY

INITIAL

DATE RECEIVED: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

APPROVED:

Finance/ Date \_\_\_\_\_ /By \_\_\_\_\_

Code Enforcement /Date \_\_\_\_\_ /By \_\_\_\_\_

City Administrator/Date \_\_\_\_\_ /By \_\_\_\_\_

LICENSE #: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_